

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|  |   |
|--|---|
| 1. File Number U - <b>8435</b>   | 2. Fiscal Year Covered From:<br><b>Jan / 01 / 2004</b> Through: <b>Dec / 31 / 2004</b>  |
| 3. Name and address of person filing.<br>Name<br><b>Randy L Sutton</b><br>P.O. Box, Bldg., Room No., if any<br>Street<br><b>1003 Arthur ST.</b><br>City<br><b>Rochester /</b><br>State<br><b>IN</b> ZIP Code + 4<br><b>46975</b> | 4. Name, file number, and address of labor organization.<br>Name<br><b>IN/Ky Regional Council of Carpenters</b><br>Labor Organization File Number<br><b>060-114</b><br>P.O. Box, Building and Room Number, if any<br>Street<br><b>2635 South Madison Ave.</b><br>City<br><b>Indianapolis</b><br>State<br><b>IN</b> ZIP Code + 4<br><b>46225</b> |
| 5. Position in labor organization.<br><b>Business Representative / Pension Fund Trustee</b>  |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount.<br><b>0</b> |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

**Randy L Sutton**

On

**Aug 10 2005**

Date

**574-223-4489**

Telephone Number

|   |                |
|---|----------------|
| Name of Person Filing <u>Randy L Sutton</u> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|  |  |
|--|--|
| 8. Name and address of Business (including trade name, if any).<br><br>Name <u>Indiana State Council of Carpenters</u><br><u>Pension Fund</u><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any <u>P.O. Box 50440</u><br><br>Street <u>9045 E. 59th St.</u><br><br>City <u>Indianapolis</u><br><br>State <u>IN.</u> ZIP Code + 4 <u>46216-0440</u> | 9. Business deals with:<br><br><input checked="" type="checkbox"/> a. Labor Organization<br><br><input type="checkbox"/> b. Trust<br><br><input type="checkbox"/> c. Employer  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.<br><br>Name _____<br><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any _____<br><br>Street _____<br><br>City _____<br><br>State _____ ZIP Code + 4 _____  | 11.a. Nature of such dealing.<br><u>Set policy and determine benefit</u><br><u>schedules for participants. The Pension</u><br><u>fund also hires plan professionals such</u><br><u>as administrators and consultants. Ensure</u><br><u>payments to members who are retired. Defined</u><br><u>Benefit Fund.</u><br><br>11.b. Approximate dollar value of such dealing. <u>\$ 74,090,055.00</u><br><br>12.a. Nature of interest held or income received.<br><u>Reimbursed expenses for lodging, food,</u><br><u>and mileage for attending Office Trustee</u><br><u>meetings and ONE International Foundation</u><br><u>educational conference. Also transportation</u><br><u>costs.</u><br><br>12.b. Amount. <u>\$ 3,927.71</u> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

|  |  |
|--|--|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).<br><br>Name _____<br><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any _____<br><br>Street _____<br><br>City _____<br><br>State _____ ZIP Code + 4 _____ | 14.a. Nature of payment.<br><div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?  | 14.b. Amount of payment. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>     |

|   |                |
|---|----------------|
| Name of Person Filing <u>Randy L Sutton</u> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Morris Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 50440

Street 9045 E. 59th ST.

City Indianapolis

State IN

ZIP Code + 4 46216-0440

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Indiana State Council of Carpenters Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 50440

Street 9045 E. 59th ST.

City Indianapolis

State IN

ZIP Code + 4 46216-0440

11.a. Nature of such dealing.

Morris Associates is the Administrator of the Pension Fund. They manage the Accounts and payments to the plan participants.

11.b. Approximate dollar value of such dealing.

\$195,361.00

12.a. Nature of interest held or income received.

Morris golf outings, they paid for the cost of golf and lunch.

12.b. Amount.

\$131.65

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.